Control of exposures to blood and body fluids: a survey in NHS Acute Trusts in England

Dr Alex Swan, 2009

ABSTRACT

Objectives: To establish what measures acute NHS trusts in England are taking to ensure safe systems of work to reduce sharps injuries.

To investigate potential organisational factors associated with the adoption of safety engineered device and to compare sharps injury rates with the usage of safety devices.

Design: An email survey between June and August 2009 using the Freedom of Information Act to collect data from a random sample of 128 acute NHS trusts. A scoring system was developed to assess the overall usage of devices in trusts.

Results: The response rate was 84%. Trusts had relevant policies in place. Ongoing education was not provided by 5% for medical and 3% for nursing staff. The percentage of trusts providing safety engineered devices for all staff was reported as:

- 43% (95%CI 37, 49%) needleless IV delivery systems
- 36% (95%CI 30, 42%) safety blood collection devices
- 35% (95%CI 29, 41%) safety IV cannulae
- 12% (95%CI 7, 16%) safety syringe
- 14% (95%CI 9, 18%) blunted suture needles
- 9% (95%CI 5, 13%) safety scalpels

High risk areas did not have a significantly greater provision of safety devices. There was no significant correlation with the organisational factors (size, teaching or foundation status). The reported rates of NSIs were not significantly correlated with the overall usage scoring scale.

Conclusion: There was a wide variation in the provision of safety engineered devices. All at risk staff groups were not receiving ongoing education. Further attention needs to be given to solid sharps particularly blunted suture needles and to ensure that risk assessments are being undertaken and appropriate control measures introduced.

Much work is yet required to ensure that acute NHS trusts comply with legislation and ensure safer systems of work. Education and resources need to be made available to promote compliance.